## 2008 FOR PROFIT CORPORATION

## FILED Jun 19, 2008 8:00 am Secretary of State

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DOCUMENT # F9600000626  1. Entity Name JASON-CRAIG ASSOCIATES INC.							90001 036 **	*550	0.00	
Principal Place of Business Mailing Address					4010	ეტ პ ნ				
1501 PINETR	REE CRESCENT I, ON L5G25-9 CA	1501 PINETREE CRES	1501 PINETREE CRESCENT MISSISSAUGA, ON L5G2S CA		302					
							E <b>dai</b> re <b>an</b> io <b>anira d</b> ill <b>e</b> di			
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address								
14 Ki	ngsmill Road.	14 Kingsmill Road. Suite, Apt. #, etc.			1 (65)(65 )((		i fram gant fatta ame n	#4# #HI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01212008	Chg-P	CR2E034 (12/	06)		
City & State	3	City & State			4. FEI Numbe	er	ì	App	olied For	
Toron	TO ONTARIO	TORONTO ONTA			98-0042196		Not Applicable			
Zip	Country  CANAGA	Zip Count		itry WADA ·	5. Certificate of Status Desired			See Required		
m8x a	6. Name and Address of Current	1.011 50110		1214121	7. Name and Address of New Registered Age			,		
· <del>-</del> ···································	6. Name and Address of Current	Negistered Agent		Name						
PLATT, DA	WINKLE WAY			Street Address (P.O. Box Number is Not Acceptable)						
SUITE B				,						
SANIBEL, FL 33957				City FL Zip Code						
6 Th					ad accet as be	h is the State of Fla		th	ad aggest	
	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s registeri	ea office or register	ed agent, or bu	iii, iri ine state di Fit	onga. Tam tammar	WILLI, &	ino accept	
J										
SIGNATURE_	Signature, typed or printed name of registered agent.	and title if annicable (NO	TE: Registere	d Agent signature required	( waen reinstating)		DATE			
	ang-action, types of printed near to a registered agents	THE BILL HADDING TO THE STATE OF THE STATE O	та: подысто	o igent appearance adamag	, Terrori (all 1302)		20114			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.					.00 May Be led to Fees					
- 40	OFFICERS AND	DIDECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIREC	TOPS	INI 1.1	
10.	PC :	Directors Delete	TITU		ADDITIONS	CHANGES TO OFF	□ Cha		Addition	
NAME	SMITH, PAULA H	☐ Delets	NAM				_ 0.4	ngo		
STREET ADDRESS	1501 PINETREE CRESCENT, M	ISSISSAUGA, ONT.	STAL	EET ADDRESS						
CITY-ST-ZIP	CANADA L5G 259,		CITY	-ST-ZIP						
TITLE	DV	☐ Delete	IIIU	E			☐ Cha	inge	Addition	
NAME	SMITH, CRAIG G		NAM	IE .						
STREET ADDRESS	14 KINGSMILL ROAD									
CITY-ST-ZIP	TORONTO ONTARIO, CA M8X-	28	CITY	'-ST-ZIP						
TITLE	SD	TITL				☐ Cha	.nge	☐ Addition		
NAME		SMITH, JASON D								
STREET ADDRESS CITY-ST-ZIP	208 FLANDERS RD TECUMSEH ONT, CA N8N-33		EET ADDRESS '- ST-ZIP							
	· · · · · · · · · · · · · · · · · · ·		TITL				Cha		Addition	
TITLE NAME	DV SMITH, CHRISTINE P	☐ Defete	NAM				L. Cria	nyc		
STREET ADORESS	500 RICHMOND ST W PH 27			EET ADDRESS						
CITY-ST-ZIP	TORONTO ONT., CA MS-VI2	-ST-ZIP								
TITLE		☐ Delete	ŤΙΤL	Ε	,		☐ Cha	ınge	☐ Addition	
NAME			NAM	IE .						
STREET ADDRESS				EET ADDRESS					ļ	
CITY-ST-ZIP			CITY	'-Sf-ZIP						
TITLE		☐ Delete	TITL	,			☐ Cha	nge	☐ Addition	
NAME		,	NAM	l						
STREET ADORESS		/		EET ADORESS (-ST-ZIP						
CITY-ST-ZIP	<u> </u>	this filles does set sur!	4		t in Chapter 110	Florida Statutas I	further continues	the in	formation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee emboweled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										